



IFW RCE \$2134

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CERTIFICATE OF MAILING

I hereby certify that this paper and the documents and/or fees referred to as attached therein are being deposited with the United States Postal Service on 7-29-, 2004 in an envelope as First Class Mail, addressed to Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

Vicki Lorist
Vicki Lorist

Attorney Docket No.: RECOP004

First Named Inventor: LYLE

Application Number: 09/616,469

Filing Date: 07/14/2000

Group Art Unit: 2134

Examiner: Matthew E. Heneghan

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 CFR §1.114 of the above-identified application.

1. Submission required under 37 CFR §1.114

a. ☒ Previously submitted:

☒ Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on _____

☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

☐ Other _____

b. Enclosed:

- ☒ Amendment/Reply
- ☐ Affidavit(s)/Declaration(s)
- ☐ Information Disclosure Statement (IDS)
- ☐ Other

08/06/2004 WRBDELRI 00000049 09616469
01 FC:1801 770.00 OP
02 FC:1251 110.00 OP

c. Fee Calculation: The fee for excess claims, if applicable, has been calculated as shown below.

Claims Remaining After <u>Amendment</u>	Highest Previously <u>Paid For</u>	Present <u>Extra</u>	SMALL ENTITY <u>RATE FEE</u> OR	LARGE ENTITY <u>RATE FEE</u>
TOTAL CLAIMS <u>7</u> -	<u>7</u>	<u>0</u>	X9 = \$	OR X18 = \$
INDEP CLAIMS <u>3</u> -	<u>3</u>	<u>0</u>	X42 = \$	OR X84 = \$
[] Multiple Dependent Claim Present and Fee Not Previously Paid			\$140	\$280
TOTAL			\$ _____	\$ 0

2. Miscellaneous:

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for a period of _____ months.
- b. ☐ Other _____
3. ☒ Applicant hereby petitions for a **ONE** month extension of time.
4. ☒ Applicant(s) hereby petition that any additional required extension of time be granted.
5. ☒ Enclosed is our Check No. 1363 in the amount of \$880.00 to cover the RCE Fee required under 37 CFR §1.17 (e) (\$770.00), the additional claim fee, if any, and/or extension of time fees (\$110.00).
6. ☐ Please charge Deposit Account No. 50-0685 () in the amount of \$ _____ to cover the additional claim fee and/or extension of time fees.
7. ☒ If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-0685 (RECOP004).
8. ☐ Applicant Initiated Interview Request Form.
9. ☒ Please continue to send correspondence to the following address:

CUSTOMER NO. 21912
VAN PELT & YI LLP
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Cupertino, CA 95014
Tel (408) 973-2585 Fax (408) 973-2585

Date: 7/28/2004

Clover Huang
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